

**STATE OF NEW HAMPSHIRE**  
**FULL TIME ACTIVE TEAMSTERS 633 EMPLOYEES**  
**POS & HMO PLANS**  
**BI-WEEKLY RATES WITH \$20/\$40/\$60 EE CONTRIBUTION**  
**EFFECTIVE 1/1/2016**

**HMO**

HMO EE CONTRIBUTION			HMO ER CONTRIBUTION		W RATE
	<u>26 PP</u>	<u>ANNUAL</u>	<u>26 PP</u>	<u>ANNUAL</u>	<u>TOTAL</u>
HL-1	\$20.00	\$520.00	\$287.77	\$7,482.02	\$8,002.02
HL-2	\$40.00	\$1,040.00	\$575.51	\$14,963.26	\$16,003.26
HL-3	\$60.00	\$1,560.00	\$924.82	\$24,045.32	\$25,605.32

**POS**

POS EE CONTRIBUTION			POS ER CONTRIBUTION		W RATE
	<u>26 PP</u>	<u>ANNUAL</u>	<u>26 PP</u>	<u>ANNUAL</u>	<u>TOTAL</u>
HL-1	\$20.00	\$520.00	\$355.78	\$9,250.28	\$9,770.28
HL-2	\$40.00	\$1,040.00	\$711.54	\$18,500.04	\$19,540.04
HL-3	\$60.00	\$1,560.00	\$1,142.47	\$29,704.22	\$31,264.22

**MONTHLY WORKING RATES**

	<u>POS</u>	<u>HMO</u>
HL-1: 1 PERSON	\$ 814.18	\$ 666.84
HL-2: 2 PERSON	\$ 1,628.33	\$ 1,333.61
HL-3: FAMILY	\$ 2,605.36	\$ 2,133.77

**POINT OF SERVICE - POS**

COMPANY-STATE SHARE (3006)					EMPLOYEE SHARE (3004)			
<u>WEEKLY</u>	<u>HRS</u>	<u>RANGE</u>	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26 PP</u>	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26 PP</u>
FULL TIME			HLTHS	1	\$ 355.78	HL	1	\$20.00
FULL TIME			HLTHS	2	\$ 711.54	HL	2	\$40.00
FULL TIME			HLTHS	3	\$ 1,142.47	HL	3	\$60.00

**HEALTH MAINTENANCE ORGANIZATION - HMO**

COMPANY - STATE SHARE (3003)					EMPLOYEE SHARE (3001)			
<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26 PP</u>	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26 PP</u>	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26 PP</u>
HL	1	\$ 287.77	HLTHP	1	\$20.00			
HL	2	\$ 575.51	HLTHP	2	\$40.00			
HL	3	\$ 924.82	HLTHP	3	\$60.00			